



**Fund for Veterans' Assistance**

**2019-2020 Grant Awards**

## **Expenditure Supporting Document Policy**

EFFECTIVE JULY 1, 2019

# Contents

|   |    |
|---|----|
| 1. Introduction .....                                   | 2  |
| A. Purpose .....  | 3  |
| B. Definitions .....                                    | 3  |
| C. Common Acronyms.....                                 | 3  |
| 2. Securing and Maintaining Documentation .....         | 4  |
| 3. Supporting Documentation Guidelines.....             | 5  |
| A. Grant Officer Expense Approval Required .....        | 5  |
| B. DO Submit/Request .....                              | 5  |
| C. DON'T Submit.....                                    | 5  |
| 4. Documentation For Certain Budget Subcategories ..... | 6  |
| How To Use This Section.....                            | 6  |
| A. Salaries .....                                       | 7  |
| B. Fringe Benefits .....                                | 7  |
| C. Travel.....  | 8  |
| a. Travel Logs .....                                    | 8  |
| b. Hotel Receipts .....                                 | 8  |
| c. Meal Expenses .....                                  | 8  |
| D. Supplies .....                                       | 9  |
| E. Client Services .....                                | 9  |
| a. Contracted Services .....                            | 9  |
| b. Financial Assistance .....                           | 10 |
| c. Transportation or Food Assistance .....              | 11 |
| d. Home Modification .....                              | 11 |
| e. Any Other Type Of Assistance.....                    | 12 |
| F. Other Direct Costs.....                              | 12 |
| 5. Recurring Costs .....                                | 13 |
| A. Submit for First Reimbursement.....                  | 13 |
| B. Submit for Subsequent Reimbursements.....            | 13 |
| C. Submit New or Changed Contracts.....                 | 13 |
| 6. Contracts.....                                       | 14 |
| A. Submit for First Reimbursement.....                  | 14 |
| B. Submit for Subsequent Reimbursements.....            | 14 |

# Attachments

|  |   |
|--|---|
| Records Retention Policy .....                             | A |
| Payment Reimbursement Request Form.....                    | B |
| <i>Includes Summary, Personnel, and Expenditure Detail</i> |   |
| H4TXH Grant Client File Checklist .....                    | C |

# 1. Introduction

Accounting records, including expenditure reports, must be supported by adequate source documentation. Supporting documentation for each reported cost must demonstrate the Cost Incurred as well as payments made to the vendor. Texas Veterans Commission grants follow the authority of the 2 CFR 200 federal grant management regulations. Grantees must follow the *requirements* of 2 CFR 200 in order to speed the reimbursement process.

## A. Purpose

The Expenditure Supporting Document Policy (SDP) identifies the supporting documents accepted by the Fund for Veterans' Assistance (FVA) for expenses. The SDP establishes guidelines for proper reporting and reimbursement of expenditure claims by Grantees.

## B. Definitions

***Cost Incurred.*** Any expense for a resource or asset that is recorded when it is incurred.

***Proof of Cost Incurred.*** The record for an expense for a resource or asset billed to the Beneficiary or Grantee, typically in the form of an itemized invoice or statement from the vendor.

***Demonstration of Payment.*** The remittance record demonstrating payment by the Grantee for an expense for a resource or asset that is recorded when it is incurred and billed to the Beneficiary or Grantee.

## C. Common Acronyms

***FVA.*** Fund for Veterans' Assistance.



***GO.*** Grant Officer.

***PRR.*** Payment Reimbursement Request.

## 2. Securing and Maintaining Documentation

Your Grant Officer with FVA will determine if the supporting documentation submitted is adequate for reimbursement.

FVA may deny or disallow claims for unsupported expenses, and may require that funds expended for unsupported expenses be returned.

-  Grantees should make all attempts to **secure the proper beneficiary eligibility documentation before providing services** in order to ensure all costs reported to FVA are adequate and verifiable.
-  Grantees are required to **maintain support documents for delivery of services and related expenditures** for grant-funded activities in line with FVA's document retention policy (see Attachment A).

### 3. Supporting Documentation Guidelines

#### A. Grant Officer Expense Approval Required

Grant Officer approval of expenditures is required before the Grantee may be reimbursed for expenses. The Grant Officer's approval is based on a complete review of all related support documents submitted for the claim.

**Proof of Cost Incurred** and **Demonstration of Payment** for each expense must match the information reported on the monthly **Payment Request Report (PRR, See Attachment B)**.

Timely submission of ONLY the appropriate documentation, in the same order and format it was requested, will speed up the reimbursement process.

#### B. DO Submit/Request

- ✓ **Submit the required supporting documentation.** Documents should be in the same order of budget categories as set out in the Payment Request Report (PRR). Supporting documentation submitted out of order delays the reviewing process and may be returned by FVA for Grantee to correct and resubmit.
- ✓ **Request any tax exemptions you are eligible for** when purchasing items for the grant project. FVA does not reimburse for sales tax costs. Non-profit 501(c)3 organizations are tax-exempt.
- ✓ **Request reimbursement for bulk purchases AFTER** the item has been disbursed. Bulk purchases are reimbursed per item after distribution.
- ✓ **Submit proof of the credit card payment in addition to the Proof of Cost Incurred** when requesting reimbursement for an item paid for with a credit card.

#### C. DON'T Submit

- ✗ **Don't submit general ledgers as supporting documentation.** General ledgers are not adequate Proof of Cost Incurred or Demonstration of Payment.
- ✗ **Don't submit documents that include redundant information** (such as organizational requests or internal approval forms) unless the required supporting documents provided are ambiguous and require additional information for clarification.
- ✗ **Don't submit documents without redacting Personally Identifiable Information (PII).** Social Security Numbers and other PII must not be shown on supporting documents.
- ✗ **Don't submit estimates, bids, or quotes** in place of Proof of Cost Incurred. Expense documentation must indicate the actual amounts spent.
- ✗ **Don't submit hand-written letters, leases, invoices and statements.** These are not adequate Proof of Cost Incurred.

## 4. Documentation For Certain Budget Subcategories

The budget subcategories listed in this section have more specific requirements for expense documentation accepted as part of a reimbursement request.

Grantees must prepare expense documentation that includes both **Proof of Cost Incurred** and **Demonstration of Payment** for each item where reimbursement is requested.

### How To Use This Section

The following pages provide **all the types of documentation accepted** for budget subcategories with specific requirements.

For example, let's look at documentation requirements for Contracted Services under Client Services.:

| PROOF OF COST INCURRED  | DEMONSTRATION OF PAYMENT   |
|---|--|
| <p>A) Itemized invoice; <b>OR</b></p> <p>B) Receipt including:</p> <ul style="list-style-type: none"><li>✓ 1. vendor name,</li><li>✓ 2. Description of item or service purchased,</li><li>✓ 3. Total amount paid (excluding taxes), and</li><li>✓ 4. Date of purchase</li></ul> | <p>A) Cancelled Check; <b>OR</b></p> <p>B) Bank Statement</p>  |
| <p>The selected <b>Proof of Cost Incurred</b> meets the criteria for accepted documents. This one is OK to submit.</p>  | <p>Make sure the <b>Demonstration of Payment</b> you selected is on the list of accepted documents <u>before</u> submitting. This one is OK to submit.</p> |

**Reminder:** All expenses submitted for reimbursement must include documentation for **Proof of Cost Incurred** (shaded in light orange, in the left column), and **Demonstration of Payment** (shaded in light green, in the right column).

## A. Salaries

Salaries are wage costs paid to part-time or full-time employees of your organization. For guidance on requesting reimbursement for contract labor costs, see **Section 6. Contracts** of this document.

Grantees are not required to submit timesheet documents of allocated salaries, but **these will be reviewed during a Compliance Department visit or desk review**. Maintain these documents internally as required by the **Records Retention** policy (See Attachment A).

| PROOF OF COST INCURRED                       | DEMONSTRATION OF PAYMENT   |
|--|--|
| A) Employee Pay Stub;                        | A) Cancelled Check;  |
| B) Employee Statement of Earnings; <b>OR</b> | B) Bank Statement; <b>OR</b>   |
| C) Payroll Register/Report                   | C) Electronic Funds Transfer (EFT) or Direct Deposit transaction information included in the Proof of Cost Incurred. |
| <b>PROOF SUBMITTED MUST INCLUDE</b>          |  |
| A) Total hours worked by employee,           |  |
| B) Pay period dates, <b>AND</b>              |  |
| C) Gross pay for the pay period              |  |

## B. Fringe Benefits

Fringe benefits are allowances and services provided by employers to their employees as compensation, in addition to regular salaries.

| PROOF OF COST INCURRED                                   | DEMONSTRATION OF PAYMENT      |
|--|-------------------------------|
| A) Maintained in internal organization files; <b>AND</b> | A) Cancelled Check; <b>OR</b> |
| B) Provide when requested by FVA staff                   | B) Bank Statement             |

## C. Travel

Travel must be project-related in order to be reimbursable on your FVA grant, and budgeted for in your grant application. Reimbursement for travel costs will not exceed General Services Administration (GSA) rates.

FVA does not reimburse travel costs until travel is completed.

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT      |
|--|-------------------------------|
| D) Detailed log of travel mileage and reimbursement, signed by employee and supervisor;                          | A) Cancelled Check; <b>OR</b> |
| E) Receipts for actual expenses (such as hotel, airfare, ground transportation, parking, tolls, etc.); <b>OR</b> | B) Bank Statement             |
| F) Invoices for training or completed conference registration certificate  |                               |

### a. Travel Logs

Travel logs must include the following details for Grant Officer to confirm **allowability** and **allocability** for the grant project:

- A) Date(s) and purpose of travel
- B) Mode of conveyance (agency vehicle, personal vehicle, airline, etc.)
- C) Mileage and reimbursement rate

### b. Hotel Receipts

Hotel receipts must show \$0.00 due after payment to vendor.

### c. Meal Expenses

FVA does not reimburse for tips or alcohol charges on meals.



## D. Supplies

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection. **These documents will be reviewed by Compliance Department during a visit or desk review.**

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT      |
|--|-------------------------------|
| A) Itemized invoice; <b>OR</b>   | A) Cancelled Check; <b>OR</b> |
| B) Receipt including: <ol style="list-style-type: none"><li>1. vendor name,</li><li>2. description of item or service purchased,</li><li>3. total amount paid (excluding taxes), and</li><li>4. date of purchase</li></ol> | B) Bank Statement             |

## E. Client Services

Client services include any service being offered to the beneficiaries of an awarded grant. This may include, but is not limited to, participant support costs. Invoices for contracted services directly delivered must be submitted for reimbursement under Client Services.

### a. Contracted Services

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection.

**These documents and contracts will be reviewed by Compliance Department during a visit or desk review.**

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT                               |
|--|--|
| <u>Itemized invoice</u> required. Must include:<br><br>A) Rate of pay; <b>AND</b><br><br>B) Quantity of services purchased or provided | A) Cancelled Check; <b>OR</b><br><br>B) Bank Statement |

## b. Financial Assistance

Financial assistance is short-term and temporary in nature. Financial assistance payments should only be made by the Grantee if the organization verifies that the Beneficiary is the named person on the utility, rent agreement, mortgage, or other bill presented.

Bills, invoices, and leases submitted as expense documentation must list the beneficiary's name.

One-time assistance payments must not cover more than six months for projects awarded under the General Assistance grant program.

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT      |
|--|-------------------------------|
| A) Client's recent bill/invoice/statement from vendor/service provider showing amount currently due; <b>OR</b>   | A) Cancelled Check; <b>OR</b> |
| B) Pages of the Lease* or Rental Agreement showing: <ol style="list-style-type: none"><li>1. Property Address</li><li>2. Tenant Name</li><li>3. Owner Name</li><li>4. Term of lease</li><li>5. Periodic amount due</li></ol> | B) Bank Statement             |
| <i>*This information is typically found on Page 1 of the standard leasing agreement.</i>   |                               |

### c. Transportation or Food Assistance

Bulk purchases for transportation (i.e. bus passes) or food assistance (i.e. items for a food pantry) are reimbursed per item after distribution to the beneficiary, not at the time of bulk purchase.

| PROOF OF COST INCURRED  | DEMONSTRATION OF PAYMENT      |
|---|-------------------------------|
| A) Itemized Invoice; <b>AND</b>                                   | A) Cancelled Check; <b>OR</b> |
| B) Log of clients served with value of goods distributed to each. | B) Bank Statement             |

### d. Home Modification

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection on labor and materials. Grantees should use the checklist provided in **Attachment C.** of this document to verify the correct documentation is being stored and/or submitted.

**These documents will be reviewed by Compliance Department during a visit or desk review.**

| PROOF OF COST INCURRED  | DEMONSTRATION OF PAYMENT      |
|---|-------------------------------|
| A) Itemized Invoice for labor; <b>AND</b>   | A) Cancelled Check; <b>OR</b> |
| B) Itemized breakdown for each repair performed, including: <ol style="list-style-type: none"><li>1. A description of the repair service provided</li><li>2. Room/area in home of the repair</li><li>3. Cost of materials used for the repair</li></ol> | B) Bank Statement             |

### e. Any Other Type Of Assistance

Requests For Application by FVA are intentionally broad, so that applicant organizations are able to propose projects and services that address the needs of Texas veterans and their families.

Contact your Grant Officer and obtain pre-approval from FVA management for your proposed documentation before you request reimbursement on any other type of assistance not covered in this document.

| PROOF OF COST INCURRED  | DEMONSTRATION OF PAYMENT      |
|---|-------------------------------|
| A) Itemized invoice; <b>AND</b>   | A) Cancelled Check; <b>OR</b> |
| B) Alternate documentation pre-approved by FVA management <u>before</u> the initial submission for reimbursement. | B) Bank Statement             |

## F. Other Direct Costs

Organizations must maintain purchasing files on-site that describe the method and process for vendor selection.

Invoices for contracted services impacting the beneficiary but not directly delivered must be submitted for reimbursement under Other Direct Costs.

**These documents will be reviewed by Compliance Department during a visit or desk review.**

| PROOF OF COST INCURRED | DEMONSTRATION OF PAYMENT      |
|------------------------|-------------------------------|
| A) Itemized Invoice.   | A) Cancelled Check; <b>OR</b> |
|                        | B) Bank Statement             |

## 5. Recurring Costs

Recurring Costs are standardized costs which apply to agency assets that the project requires to operate. Documentation for recurring costs must be submitted at the start of the grant cycle in July.

For example, office rent, telephone or copier costs, and monthly recurring charges for office software **may be** allowable and allocable to your FVA grant if you have budgeted for them in your awarded application.

### A. Submit for First Reimbursement

| PROOF OF COST INCURRED | DEMONSTRATION OF PAYMENT                               |
|------------------------|--|
| A) Bill from vendor.   | A) Cancelled Check; <b>OR</b><br><br>B) Bank Statement |

### B. Submit for Subsequent Reimbursements

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT                               |
|--|--|
| A) Submit current bill <b>only if</b> the monthly charge is 33% higher or lower than the last amount reimbursed.<br><br><i>If the current bill is <u>less than 33% changed</u> than the previous bill, only submit the demonstration of payment for reimbursement.</i> | A) Cancelled Check; <b>OR</b><br><br>B) Bank Statement |

### C. Submit New or Changed Contracts

If a Grantee organization renews a service contract, or enters into a new contract during the grant term, submit the new contract with the next reimbursement request.

## 6. Contracts

Contracts and Contractor expenses are reported in *Client Services* and *Other Direct Costs* budget categories.

In order for a contract to be considered valid and fully-executed, it must:

- A) include dual-party signatures from the Grantee organization and Contractor, **AND**
- B) be current, with coverage dates inside the active grant period.

Organizations **must maintain purchasing files** on-site that describe the method and process for vendor selection for labor and materials. **These documents will be reviewed by Compliance Department during a visit or desk review.**

Submit the contract between the Grantee and Contractor for first-time reimbursement. As long as the contract remains in force, has been submitted to your grant officer, and the terms are unchanged, submit **ONLY** the current invoice for subsequent reimbursement payments.

FVA only reimburses Contractor costs that are included in the approved grant budget.

### A. Submit for First Reimbursement

| PROOF OF COST INCURRED       | DEMONSTRATION OF PAYMENT      |
|------------------------------|-------------------------------|
| A) Full contract; <b>AND</b> | A) Cancelled Check; <b>OR</b> |
| B) Current invoice           | B) Bank Statement             |

### B. Submit for Subsequent Reimbursements

| PROOF OF COST INCURRED   | DEMONSTRATION OF PAYMENT      |
|--|-------------------------------|
| A) Current invoice only, unless the contract has changed since the last reimbursement. | A) Cancelled Check; <b>OR</b> |
|  | B) Bank Statement             |

## Records Retention Policy

Awarded Applicant must maintain its records and accounts in a manner which assures a full accounting for all funds received and expended by Awarded Applicant in connection with the Project.

These records and accounts (which includes all receipts of expenses incurred by Awarded Applicant) must be retained by Awarded Applicant and made available for inspecting, monitoring, programmatic or financial auditing, or evaluation by TVC and by others authorized by law or regulation to do so for a period of not less than three (3) years from the date of completion of the Grant Project or the date of the receipt by TVC of Awarded Applicant's final claim for payment or final expenditure report or until a resolution of all billing questions in connection with the Agreement, whichever is later.

If an audit has been announced, the records must be retained until such audit has been completed. Awarded Applicant must make available at reasonable times and upon reasonable notice, and for reasonable periods, all documents and other information related to the Grant Project carried out under the Agreement.

Awarded Applicant and any subcontractors must provide any Audit Entities with any information the entity deems relevant to any monitoring, investigation, evaluation, or audit.

The standard term for records retention under 2 CFR 200 and Fund for Veterans' Assistance grants is three years. If the Grantee organization's policy is more restrictive (longer retention time required) than the standard three-year term, the grantee must follow its own policy.



### Payment Reimbursement Request (PRR)

#### Summary Information and Certification

Grantee Name:

Help A Vet

Grant Number:

FVA19-

Grant Amount:

\$500,000

Report Period:

First day to last day of month

July

2019

Budget Category

Award Amount

Requested Amount This Action

Salaries

\$500,000

\$ -

Fringe Benefits

\$500,000

\$ -

Travel

\$500,000

\$ -

Supplies

\$500,000

\$ -

Client Services

\$500,000

\$ -

Other Direct

\$500,000

\$ -

Indirect

\$500,000

\$ -

Total

\$3,500,000

\$ -

Prepared By

Type Name

Title

Certification

The **Authorized Representative** certifies that the the information contained in this report has been reviewed and it is true and correct by typing in their name. **Only one of the listed below is required.**

Position

Name

Type Name

Project Coordinator

GO completes this area

Finance Coordiantor

GO completes this area

Signature Authority

GO completes this area





| Personnel Breakdown Worksheet   |            |               |                        |              |              |                   |             |           |                        |                       |                |                                |                  |                  |                  |                      |                          |                       |  |
|---|------------|---------------|------------------------|--------------|--------------|-------------------|-------------|-----------|------------------------|-----------------------|----------------|--------------------------------|------------------|------------------|------------------|----------------------|--------------------------|-----------------------|--|
| Grantee Name:   | Help A Vet |               |                        |              |              |                   |             |           | Grant Number:          | FVA19-                | Report Period: | First day to last day of month | July             | 2019             |                  |                      |                          |                       |  |
| SALARIES  |            |               |                        |              |              |                   |             |           |                        | BENEFITS              |                |                                |                  |                  |                  |                      |                          |                       |  |
| Employee Name   | Position   | Annual Salary | # Pay Periods Per Year | Allocation % | \$ Reference | Pay Period        | Page Number | Gross Pay | Total Salary Allocated | FVA Approved Salaries | FICA           | Medicare                       | Health Insurance | Dental Insurance | Vision Insurance | Workers Compensation | Total Benefits Allocated | FVA Approved Benefits |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
|   |            |               |                        |              |              | mm/dd/yy-mm/dd/yy |             | \$ -      | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |
| Note - Group by employee name or by pay period and put the PDF backup documents in that same order when submitting. |            |               |                        |              |              |                   |             |           | \$ -                   | \$ -                  | \$ -           | \$ -                           | \$ -             | \$ -             | \$ -             | \$ -                 | \$ -                     | \$ -                  |  |



| Expenditure Detail Worksheet                                |  |              |                   |                  |           |
|---|--|--------------|-------------------|------------------|-----------|
| Grantee Name:   | Help A Vet   |              |                   | Grant Number:    | FVA19-    |
|   | Current Report Period: <i>First day to last day of month</i> |              |                   | July             | 2019      |
| SALARIES  |  |              |                   | Approved Budget: | \$500,000 |
| Total from Personnel Tab for Salaries                       |  |              |                   | \$               | -         |
| FRINGE BENEFITS   |  |              |                   | Approved Budget: | \$500,000 |
| Total from Personnel Tab for Benefits                       |  |              |                   | \$               | -         |
| TRAVEL  |  |              |                   | Approved Budget: | \$500,000 |
| Budget Items: to be customized according to grant app by GO |  |              |                   |                  |           |
| Vendor Name   | Employee Name  | Sub-Category | Description/Notes | Page Number      | Amount    |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
| Total for Travel  |  |              |                   | \$               | -         |
| SUPPLIES  |  |              |                   | Approved Budget: | \$500,000 |
| Budget Items: to be customized according to grant app by GO |  |              |                   |                  |           |
| Vendor Name   |  | Sub-Category | Description/Notes | Page Number      | Amount    |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
| Total for Supplies  |  |              |                   | \$               | -         |
| CLIENT SERVICES   |  |              |                   | Approved Budget: | \$500,000 |
| Budget Items: to be customized according to grant app by GO |  |              |                   |                  |           |
| Vendor Name   | Beneficiary Name<br>or Client ID #                           | Sub-Category | Description/Notes | Page Number      | Amount    |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
| Total for Client Services                                   |  |              |                   | \$               | -         |
| OTHER DIRECT COST   |  |              |                   | Approved Budget: | \$500,000 |
| Budget Items: to be customized according to grant app by GO |  |              |                   |                  |           |
| Vendor Name   | Beneficiary Name<br>or Client ID #                           | Sub-Category | Description/Notes | Page Number      | Amount    |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
|   |  |              |                   |                  |           |
| Total for Other Direct Cost                                 |  |              |                   | \$               | -         |
| DIRECT COSTS  |  |              |                   | Approved Budget: | \$500,000 |
| Total for Direct Costs                                      |  |              |                   | \$               | -         |
| Not to exceed 10% of Total Direct Costs each period.        |  |              |                   |                  |           |
| INDIRECT COSTS  |  |              |                   | Approved Budget: | \$500,000 |
| Total for Indirect Costs                                    |  |              |                   | \$               | -         |
| TOTAL PERIOD COST   |  |              |                   | \$               | -         |

# H4TXH Grant Client File Checklist


Housing 4 Texas Heroes (H4TXH) grants include additional requirements for documentation of the beneficiary's eligibility for services.

**Documents retained in the Client File will be examined by the Compliance Department in a visit or desk review.**

## Retain these documents in the Client File ONLY. Do not submit them to FVA.



### FVA Eligibility of Beneficiary Requirement

*Grantee must document veteran status for all beneficiaries.*

-  Proof of Veteran Status, including Character of Service, must match the documents you said your organization will accept in your approved application.





### Additional H4TXH Grant Beneficiary Requirements (Select At Least One):

*Grantee must document all beneficiaries for the H4TXH grant qualify through one or more of the following criteria:*

-  Proof of Low Income or Very Low Income status per Housing and Urban Affairs Department (HUD) guidelines
-  Proof of Disabled Veteran status

### Additional Home Modification Project Requirements

*Grantee must retain all documents, for each beneficiary served:*

-  County tax statement showing the beneficiary is current on property taxes.
-  Mortgage or other loan statement showing the beneficiary is current on any loans where a lien has been placed on the property to be modified.
-  Final inspection form featuring dual signatures from authorized Grantee representative and Contractor. Both parties must certify the work was completed as claimed, invoiced, and/or reported to FVA.
-  Photographs of modified areas of the home, before and after the modification provided.